

CITY OF WILLISTON  
 APPLICATION FOR SOLICITORS  
 (Required by §8-32, §18-49 and any amendments of Williston Code of Ordinances)  
 P O Box 1306  
 Williston, North Dakota 58802-1306

**APPLICANT/BUSINESS INFORMATION**

Date of application: \_\_\_\_\_

Full name of individual or business: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact name and title: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact name and title: \_\_\_\_\_ Phone: \_\_\_\_\_

Has applicant/s ever been convicted of crimes? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

**ALL APPLICANTS PLEASE ATTACH:**

- Proof of Commercial Liability Insurance,
- ND State Transient Merchant License for your Business, OR  
ND Attorney General Exception Letter

Fees are \$35 per day, per person. No applicants under the age of 18 can be accepted. ND State Transient Merchant License, Picture ID and \$1,000 Bond must be attached for each applicant.						Please leave this portion blank For City Use Only		
Permit #	Employee Name	Phone #	Dates of Solicitation	Total # of Days	x \$35/day = total fee due	State TM License.	Picture ID	\$1,000 Bond
	For Credit Card Payments		Add \$3.00 fee		\$3.00			
	<b>TOTALS</b>							

